



## FIBRIC ACID DERIVATIVES PA SUMMARY

Preferred	Non-Preferred
Gemfibrozil generic Tricor Triglide Trilipix	Antara 30 mg and 90 mg Fenofibrate generic Fenofibric acid generic Fenoglide Fibricor Lipofen

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** If brand Fibricor is approved, the PA will be issued for generic fenofibric acid tablets (35 mg or 105 mg). If generic fenofibrate capsules (50 mg or 150 mg) are approved, the PA will be issued for brand Lipofen.

**PA CRITERIA:**

- ❖ A written letter of medical necessity must be submitted stating the reason(s) the preferred products, generic gemfibrozil, Tricor, Triglide, and Trilipix, are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.